Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

No

OCKETED

Sequence submission?::

CD-ROM or CD-R?

No

Computer Readable Form

(CRF)?::

Number of copies of CRF::

Title:: Wheat Variety 25R35

Attorney Docket Number:: 1654

Request for Early Publication?:: Yes

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity:: 0

Petition included?:: No

Secrecy Order in Parent Appl.?:: NO

Applicant Information:

Applicant Authority type:: Inventor

Primary Citizenship Country:: US

Status:: Full capacity

Given Name:: Kyle

Middle Name:: Jay

Family Name:: Lively

City of Residence:: Tipton

State or Province of Residence:: IN

Country of Residence:: US

Street of mailing address::

2894 E 400 S

City of mailing address::

Tipton

State or Province of mailing address::

IN

Postal or Zip Code of mailing address:: 46072

Applicant Information:

Applicant Authority type::

Inventor

Primary Citizenship Country::

US

Status::

Full capacity

Given Name::

Robert

Middle Name::

Lewis

Family Name::

Clarkson

City of Residence::

Tipton

State or Province of Residence::

IN

Country of Residence::

US

Street of mailing address::

106 Plumlee

City of mailing address::

Tipton

State or Province of mailing address::

IN

Postal or Zip Code of mailing address::

46072

Applicant Information:

Applicant Authority type::

Inventor

Primary Citizenship Country::

US

Status::

Full capacity

Given Name::

William

Middle Name::

Joseph

Family Name::

Laskar

City of Residence::

Tipton

State or Province of Residence::

IN

Country of Residence::

US

Street of mailing address::

4081 S 125 W

City of mailing address::

Tipton

State or Province of mailing address::

IN

Postal or Zip Code of mailing address:: 46072

Applicant Information:

Applicant Authority type::

Inventor

Primary Citizenship Country::

US

Status::

Full capacity

Given Name::

Gregory

Middle Name::

Charles

Family Name::

Marshall

City of Residence::

Arcadia

State or Province of Residence::

IN

Country of Residence::

US

Street of mailing address::

81 Point Lane

City of mailing address::

Arcadia

State or Province of mailing address::

IN

Postal or Zip Code of mailing address:: 46030

Correspondence Information

Correspondence Customer Number::

27310

Representative Information

Representative Customer Number::

27310

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::